Ko53164

Page 1 & 2

# 510 (k) Summary of Safety and Effectiveness for iPlan Flow

Manufacturer:

Address:

BrainLAB AG

Ammerthalstrasse 8 85551 Heimstetten

Germany

Phone: +49 89 99 15 68 0 Fax: +49 89 99 15 68 33

Contact Person:

Mr. Rainer Birkenbach

Summary Date:

March 21, 2006

**Device Name:** 

Trade name:

iPlan Flow

Common/Classification Name:

Planning System/Stereotactic Instrument

Predicate Device:

iPlan!FLOW (K 041330)

Device Classification Name: Instrument, Stereotactic

Regulatory Class: Class II

#### Intended Use:

iPlan Flow is designed as a planning system for pre- and intraoperative planning of stereotactic or image guided surgery treatments. It is specially designed to display anatomical images of a patient acquired with MR and/or CT as well as images derived from DTI-data acquired with Magnetic Resonance Imaging (MRI).

iPlan Flow is a dedicated tool for planning trajectories of intra-cranial catheters. Guidelines for the catheter placement e.g. from catheter suppliers can be visualized and displayed to support the surgeon in improving catheter placement planning. The guidelines, in combination with anatomical information, can be used to suggest areas that are compliant with the guidelines. iPlan Flow does not generate or create rules for the placement of intracranial catheters by any means. iPlan Flow uses MR-DTI and T2-weighted MR images to suggest likely volumes of fluid distribution.

The Primary mode of action for iPlan Flow is a device for creating treatment plans for stereotactic or image guided surgical treatment, especially for the creation of plans for the placement of intra-cranial catheters.

The treatment plans can be used in conjunction with other BrainLAB medical devices such as VectorVision for image guided surgical treatment.

Ko53164

Page 282

#### **Device Description:**

Like iPlan!FLOW (K041330), iPlan Flow is a software tool running on a standard, standalone computer (PC or Laptop) or being accessible via the intranet connection for pre- or intraoperative planning of treatments based on stereotactic systems or image guided surgery systems.

Unchanged to iPlan!FLOW (K041330) iPlan Flow provides e.g. tools for the automatic or manual segmentation of anatomical structures which enables the user such as radiologists or neurosurgeons to quickly achieve the desired segmentation results through an unlimited number of automatic and/or manual re-segmentations. Like the predicate device iPlan!FLOW (K041330) iPlan Flow can be used for the planning of intracranial catheters, with image guided surgery. Guidelines provided e.g. by the catheter suppliers for the exact placements of intracranial catheters can be visualized. These guidelines comprise the minimal depth of the catheter tip in the brain tissue, the minimal distance of the catheter tip from intra-cranial surfaces and the minimal distance between different catheter tips. In addition to the predicate device the depth guideline can be calculated from the flow rate and the catheter diameter and warnings will be displayed if the trajectory of a planned catheter is likely to cross an intra-cranial surface. iPlan Flow is able to calculate a likely fluid distribution from the planned catheter positions to support the physician in his decision about appropriate catheter positions. These features enable the surgeon to better plan and place intra-cranial catheters.

The created treatment plans of iPlan Flow can be used on its own or in conjunction with other BrainLAB medical devices such as VectorVision for performing the planned treatment.

#### Substantial equivalence:

iPlan Flow has been verified and validated according to BrainLAB's procedures for product design and development. The validation proves the safety and effectiveness of the system. The information provided by BrainLAB in this 510 (k) application was found to be substantially equivalent with the predicate device iPlan!FLOW (K041330).



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

MAR 2 3 2006

BrainLAB AG c/o Mr. Rainer Birkenbach Ammerthalstrasse 8 85551 Heimstetten Germany

Re: K053164

Trade/Device Name: iPlan Flow

Regulation Number: 21 CFR 882.4560 Regulation Name: Stereotaxic instrument

Regulatory Class: II Product Code: HAW Dated: March 8, 2006 Received: March 10, 2006

Dear Mr. Birkenbach:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set

### Page 2 – Mr. Rainer Birkenbach

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050. This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <a href="http://www.fda.gov/cdrh/dsma/dsmamain.html">http://www.fda.gov/cdrh/dsma/dsmamain.html</a>

Sincerely yours,

Mark N. Melkerson

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

Ko5 3164

## **Indications for Use**

510(k) Number (if known):		
Device Name: iPlan Flow		
Indications For Use:		
stereotactic or image guided sur	gery treatments. equired with MR	pre- and intraoperative planning of It is specially designed to display and/or CT as well as images derived e Imaging (MRI).
and displayed to support the surguidelines, in combination with a that are compliant with the guide	ement e.g. from o geon in improvin natomical inform lines. iPlan Flow heters by any me	catheter suppliers can be visualized og catheter placement planning. The nation, can be used to suggest areas or does not generate or create rules for eans. iPlan Flow uses MR-DTI and T2
	gical treatment, e	evice for creating treatment plans for especially for the creation of plans for
The treatment plans can be used such as VectorVision for image g	_	with other BrainLAB medical devices eatment.
Prescription UseX (Per 21 CFR 801 Subpart D)	AND/OR	Over-The-Counter Use(21 CFR 801 Subpart C)
(PLEASE DO NOT WRITE BELOW	THIS LINE - CONT	INUE ON ANOTHER PAGE IF NEEDED)
(Division Sign-Off)	<del>CDRH, Offi</del> ce of De	vice Evaluation (ODE)
Division of General, Resto	-	
and Neurological Devices		

510(k) Number\_

Page 1 of 1